

Device Serial № _____
 Test Date/Time _____
 Tester Certification _____
 Device Test Result ☐ Pass ☐ Fail

Backflow Prevention Device Test & Maintenance Report

(Please Print)

Account	Water Supplier: _____	District: _____
	Service Account №: _____	Tap №: _____ Meter №: _____
	Service Name: _____	
	Address: _____	City: _____ ST: _____ Zip: _____

Device	Make: _____	Model: _____	Size: _____
	Type: <input type="checkbox"/> RPZ <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> AVB <input type="checkbox"/> Air Gap		
	Date Installed: _____	Location on property: _____	
	<input type="checkbox"/> New	<u>Orientation</u>	<u>Use</u>
	<input type="checkbox"/> Existing	<input type="checkbox"/> Vertical Up	<input type="checkbox"/> Domestic
	Previous Device Serial №: _____	<input type="checkbox"/> Vertical Down	<input type="checkbox"/> Fire
		<input type="checkbox"/> Horizontal	<input type="checkbox"/> Irrigation
			<u>Protection</u>
			<input type="checkbox"/> Containment
			<input type="checkbox"/> Isolation

Testing & Maintenance		Initial Test Results		Repairs/Comments	Re-Test Results	
		Tightness	Differential		Tightness	Differential
	Check Valve #1 (RPZ, DC, PVB)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RPZ, DC)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Relief Valve (RPZ)					
	Buffer (RPZ)					
	Air Inlet (PVB)					
	Shutoff Valve #1	<input type="checkbox"/> Leak <input type="checkbox"/> Tight				
Shutoff Valve #2	<input type="checkbox"/> Leak <input type="checkbox"/> Tight					
Comments: _____						
_____ Test Procedure: _____						

Notification	Alarm Company/Fire Department Notified: _____
	Person Notified: _____ Notified By: _____
	Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit	Test Kit Make: _____	Model: _____
	Serial №: _____	Last Calibration Date: _____

Tester	Tester Name: _____	Certificate Expiration Date: _____
	Tester certifies that this assembly has been tested with the above listed procedure and verifies that isolation valves were returned to pre-test orientation.	
	Signature: _____	

(Submit original white copy to water purveyor)